

Minnesota – 901 W. 94th Street, Minneapolis, MN 55420-4299

(952) 888-4121 (800) 352-2812

Credit Fax (952) 885-8212

Iowa/Wisconsin – 1500 Ziegler Drive NW, Des Moines, IA 50009-7200 (515) 957-3800 (800) 342-7002

Credit Fax (515) 957-3806**GENERAL INFORMATION:** *Please print or type*

Applicant Name: _____ Trade Name (if different): _____
 Physical Address: _____
 City _____ State _____ Zip _____ County _____
 Mailing Address: _____
 City _____ State _____ Zip _____ County _____
 Business #: _____ Mobile/Pager # _____ Fax # _____
 Accounts Payable Contact Name: _____ Are PO's Required Yes No
 Website Address: _____ E-Mail: _____
 Description of Business: _____ Business Start Date _____ Length of Time as Owner _____
 Type Of Business: Sole Proprietorship Corporation General Partnership L.L.C. Other _____
 Has the business or any principal ever-declared bankruptcy? Yes No Are there any outstanding liens or judgments? Yes No
If yes, date filed _____ # of Employees _____
 Federal ID Number _____ Sales Tax Exempt? Yes No *If yes, please attach a copy of exemption certificate*
 Bonding Company _____ Contact Name _____ Phone # _____
 Insurance Company _____ Contact Name _____ Phone # _____

PERSONAL INFORMATION ON OWNER(S) / PRINCIPAL(S): *(Required Information) Attach additional sheets, if necessary*

(1) Name/Title _____ Birth Date _____ SS # _____
 Drivers License No. (or Copy Of) _____ Expiration Date _____
 Home Address _____ Phone # _____ % Ownership _____
 Net Worth \$ _____ Annual Income \$ _____ Monthly Housing Payment \$ _____
 (1) Name/Title _____ Birth Date _____ SS # _____
 Drivers License No. (or Copy Of) _____ Expiration Date _____
 Home Address _____ Phone # _____ % Ownership _____
 Net Worth \$ _____ Annual Income \$ _____ Monthly Housing Payment \$ _____

FINANCIAL INFORMATION: *Additional financial information and/or financial statements may be requested***BANK/FINANCE CO. REFERENCE:***(Please provide current balances)*

(1) Name _____ Acct.# _____ Phone# _____ \$ _____ \$ _____ \$ _____
 Checking Savings Loan
 (2) Name _____ Acct.# _____ Phone# _____ \$ _____ \$ _____ \$ _____
 Checking Savings Loan

TRADE REFERENCES:

(1) Name _____ Contact _____ Address (include city, state, zip) _____ Telephone # _____ Account # _____
 (2) Name _____ Contact _____ Address (include city, state, zip) _____ Telephone # _____ Account # _____

SIGNATURE OF OWNER(S) / PRINCIPAL(S) OR AUTHORIZED OFFICER(S) / PARTNER:

BY: _____ **TITLE:** _____ **DATE:** _____
BY: _____ **TITLE:** _____ **DATE:** _____

THIS APPLICATION IS SUBJECT TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM

AGREEMENT:

Ziegler Inc. and associates (includes: Ziegler Financial, Caterpillar Financial Services Corp., Claas Financial Services, AGCO Finance LLC, Agricredit Acceptance LLC, and or their affiliates, agents, servicers, or designee/assignee) (Creditor) reserves the right to approve or disapprove credit in accordance with applicable laws. Creditor may consider sources of credit information other than those represented within this credit application. Creditor may vary the amount of credit extended to the customer and customer waives notice of any changes to customers credit limit.

Applicant (Debtor) agrees to pay for all goods (other than Machine and Equipment Sales), services, leases and other items charged to its open account prior to the tenth (10th) of the month following the invoice date. Machine and Equipment Sale terms are net 20 days from invoice date. Failure to make timely payments shall result in default and a late fee of 1.5% per month (18% Annual), will be assessed on all past due amounts until paid in full. Debtor agrees that should legal action be brought to enforce payment terms that jurisdiction will be in the state of Minnesota, unless Creditor in its sole discretion commences proceeding in a different jurisdiction or venue. Debtor agrees to pay for all costs of collection, including attorney fees if the account is not paid when due. Creditor may, at its discretion, transfer its rights to another party who succeed to all rights under this credit application or to other obligations of Debtor.

Applicant and each other person signing this application warrants that the information provided herein or in connection with this application is true and correct and hereby consents to a personal credit check and authorizes the release of such information to any party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other Creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other.

NOTICE:

The Federal Equal Credit Opportunity Act prohibits Creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Lender is the FTC Regional Office for the region in which the Lender operates or the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 If your application for credit is denied, you have the right to a written statement of the specific reason for denial. To obtain the statement, send a written request to Ziegler Inc., 901 West 94th Street, Minneapolis, MN 55420, Attention Credit Manager, within 60 days from notice of denial. A written statement of the reasons for the denial will be sent to you within 30 days from receipt of Applicants request.

Incomplete credit applications may delay processing.

For Internal Use Only:

Location: _____ **Department:** _____ **Employee:** _____
